HIGHLY CONFIDENTIAL - MEDICAL INFORMATION

RIW
Rehabilitation Institute of Washington PLLC

To whom it may concern,

I was asked by Demetrios Vorgias to write this letter documenting, in brief, my examination findings as well as the potential implications of these findings.

In sum, I conducted a comprehensive neuropsychological evaluation of Mr. Vorgias on April 3rd 2019. Findings revealed superior-range verbal and nonverbal reasoning with weakness in aspects of attentional functioning leading to a diagnosis of Attention-Deficit/Hyperactivity Disorder, Combined Presentation. Alongside this, socioemotional assessment yielded concern regarding significant anxiety alongside characterological tendencies toward excitability and turbulence. This was best captured by a diagnosis of Generalized Anxiety Disorder. Individuals with symptoms of GAD can experience persistent worries and difficulty managing these worries. This can manifest outwardly in a variety of ways, including difficulty with formulation of a thought/idea, particularly in situations where there are increased demands on performance. Further, these individuals can appear hesitant and unsure when anxiety may in fact be driving these responses (not necessarily due to a lack of competence in a particular area). Fortunately, GAD can be managed with Cognitive Behavior Therapy and psychopharmacologic approaches. It is recommended that Mr. Vorgias undergo said treatment in order to facilitate management of these symptoms and success in his future endeavors.

Please free to contact me with any additional questions/comments/concerns.

Take care,

Psy.D.

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HIGHLY CONFIDENTIAL - MEDICAL INFORMATION

NPE report

Kelly Cornett <kcornett@rehabwashington.com>

Tue 5/7/2019 9:47 AM

To:dvorgias@gmail.com <dvorgias@gmail.com>;

1 attachments (330 KB)

Vorgias Demetrios NPE 04.03.2019.pdf;

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EX. 6

Rehabilitation Institute of Washington, PLLC
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REPORT OF NEUROPSYCHOLOGICAL ASSESSMENT

This is a Confidential Evaluation. It is intended for use by professionals only, and it is not to be released without the consent of the client.

Name: Demetrios Vorgias
Date of Birth: 03/07/1975
Date of Evaluation: 04/03/2019
Age at Evaluation: 44-years-old
Report Date: 04/10/2019
Date of Test Feedback: 04/30/2019
Referral Source: Laura Moss, MD & Charles Bulfinch, DO

Evaluated By: Kelly Cornett, PsyD, CBIS

REASON FOR REFERRAL

Demetrios Vorgias is a 44-year-old, right-handed, Greek male resident physician referred by the Washington Physician Health Program's Dr. Moss and his primary care physician, Dr. Charles Bulfinch in order to assess patterns of cognitive strengths and weaknesses, to examine neurobehavioral contributors to the presenting concerns, and to make recommendations as appropriate.

EVALUATION PROCEDURES

Diagnostic Interview with Dr. Vorgias
Review of Records
Neuropsychological Testing
- Advanced Clinical Solutions: Test of Premorbid Functioning (ACS)
- Boston Naming Test 60 item (BNT)
- Conners' Adult ADHD Rating Scale: Long Version (CAARS-L)
- California Verbal Learning Test, Third Edition (CVLT-3)
- Continuous Performance Test, Third Edition (CPT-3)
- Controlled Oral Word Association Test/Word Fluency (COWAT)
- Grooved Pegboard (GPT)
- Millon Clinical Multiaxial Inventory-IV (MCMI-IV)
- Neuropsychological Assessment Battery (NAB) Judgment subtest
- Paced Auditory Serial Attention Test (PASAT)
- Rey Complex Figure Test (RCFT)
- Stroop Interference Test (Stroop)
- Tower of London Drexel University, Second Edition (TOL-DX)
- Trail Making Test A&B (TMT)
- Wechsler Adult Intelligence Scale, Fourth Edition (WAIS-IV)
- Wechsler Memory Scale, Fourth Edition (WMS-IV), *Selected Subtests*
- Wisconsin Card Sorting Test (WCST)
- Woodcock Johnson III (WJ-III)

HISTORY OF THE INJURY

Dr. Vorgias reported that he has struggled with attentional issues since childhood. He reported that this first became apparent to him in the fourth grade. His family had recently moved him from public to private school, and he found that he was not able to keep up with his peers but "I knew that I was smart." He identified problems with being able to attend in class and absorb information as quickly as his classmates could. In graduate school, he found these attentional issues, including problems with alternating attention and prioritization, impacting him. A friend then encouraged him to seek evaluation of this.

He was seen for a psychological assessment by David Goodman, PhD, supervised by Carol Wintermeyer, PhD. His performance yielded the following: verbal and nonverbal reasoning in the above average range (SS125 and SS118, respectively). Additionally, his performance on measures of working memory and processing speed were also significantly above age expectation (SS115 and SS114). His response inhibition fell below age expectation (T32). Alternating attention (T50), figural memory (Delayed=T56), and problem-solving all tested within normal limits for his age. His obtained score on the TOVA indicated an ADHD score of 16.51. Diagnoses from this evaluation included Attention-Deficit/Hyperactivity Disorder, Combined Presentation as well as notes of academic difficulties, relational discord, and "cumbersome schedule." Recommendations included evaluation for psychopharmacological assistance and additional strategies through the Office of Student Disabilities at his school.

He was then prescribed by his primary care physician methylphenidate, 15mg. He stated that he takes this consistently when is working. He reported that he had some difficulty acquiring this medication when he attended medical school outside of the United States. He would have his friend help fulfill this medication but noticed that, when he did not have access to his Adderall, his work productivity suffered.

At present, he reported that he takes this medication twice, daily when he is working. He reported that this regimen helps address the majority of his attentional concerns. However, he reported that, beginning in November or December of 2018, he experienced difficulty with adapting to the electronic medical record system at his hospital. He stated that, as a result of this time needed to learn this system, he was unable to devote as much time to his studies. He also reported that he had difficulty with hyperfocus resulting in difficulty in him transitioning to another task as needed. He stated that prioritization continues to be an area of challenge for him. He denied any other concerns with his cognitive functioning.

With respect to psychological functioning, Dr. Vorgias reported that he experiences anxiety with respect to the recent disciplinary action he has received. Specifically, he described experiencing persisting worry about the outcome of the investigation, difficulty controlling this worry, and feeling on edge. He stated that he copes with this by discussing what is upsetting him with his mother, his best friend, as well as with his wife. He endorsed experiencing depressed mood, which he described as contingent with his stress level. He stated that when stressors arise, he will experience down mood, anhedonia, amotivation, and sleep dysregulation. He endorsed experiencing mild symptoms of this currently. He denied suicidal ideation and panic attack. However, he reported that, in the past, when significant stress had arisen, he experienced suicidal thoughts albeit with no plan or intent. He said that he has not had any such thoughts currently (within the past 30 days).

Regarding physical functioning, he described his sleep as "ordinary, good." He denied any problems with falling or staying asleep. He stated that he has been told he snores but denied concern for sleep apnea. He reported that his appetite is generally good. He denied any recent weight loss and reported mild weight gain. He denied experiencing any pain at today's visit. He also denied concern with vision, audition, and with balance or coordination.

ADDITIONAL HISTORY

Social/Developmental History:

Dr. Vorgias was born in Redwood City, California. He was raised by his biological parents. He denied any known problems with his mother's pregnancy, his birth or development. He

denied a history of physical, emotional, or sexual abuse. He stated that his family moved back to Greece when he was six months of age. He was raised there until age five. He stated that his mother worked as an attorney and his father was an engineer. He described having a generally good relationship with his parents growing up apart from some strain with his father.

Family Medical/Psychiatric History:
Family medical history was reported to be significant for depression (mother; suspected in his paternal grandmother), unspecified alcohol use (father), Central Auditory Processing Disorder (brother), attention deficit hyperactivity disorder- suspected (uncle and three cousins).

Medical History:
Medical history, outside of what is indicated above, is reportedly unremarkable. He denied any history of seizures, brain infections, stroke, diabetes, thyroid disorder, cardiac abnormalities, hospitalizations, or surgeries aside from what was related to the injury, and exposure to toxins. He denied any prior history of head injury with loss of consciousness.

Medications:
Dr. Vorgias reported taking methylphenidate (20mg, BID).

Psychiatric History:
Dr. Vorgias reported that, outside of what is indicated above, his psychiatric history is otherwise unremarkable. He denied psychiatric hospitalization. He denied prior suicidal ideation. There is no history of symptoms that would be suggestive of a hypomania or mania. There are also no symptoms consistent with psychosis (i.e., auditory or visual hallucinations, delusions, paranoia).

Substance Use Status and History:
Dr. Vorgias denied consumption of alcohol or tobacco. He also denied a history of problematic use of substances. He denied use of recreational substances including marijuana, cocaine, amphetamines, hallucinogens, laboratory drugs, or the abuse of prescription medications.

Educational and Vocational Background:
Dr. Vorgias initiated his Bachelor of Art degree in molecular and cell biology in 1993 and graduated in 2000 from University of California, Berkeley. Following this, he started a Master of Art degree in Medical Science in 2005. He completed this degree in 2009 from Boston University School of Medicine. Following this, he began his Doctor of Medicine degree from St. George's University School of Medicine in Grenada, West Indies in 2011 and completed this in 2016. He initiated a Master of Business Administration degree in Multi-Sector Health Management from St. George's University Grenada, West Indies. He is still in progress with this degree.

He is currently a resident physician and has worked in this capacity for the past nine months. Prior to that, he worked as a medical scribe for one year. Before that, he worked as a teacher's assistant for three years. Previous to that, he worked as a laboratory assistant for two years.

Military History:
Dr. Vorgias denied any military service.

Legal History:
Dr. Vorgias denied a history of arrests or convictions.

Marital Status, Current Living Situation:
Dr. Vorgias reported that he is currently married. His wife currently resides in Florida for work. He has no dependents. He currently resides alone in Yakima, Washington.

Recreation:
Dr. Vorgias reported that he enjoys cooking, spending time with family and friends, and playing games on his computer.

Cultural/linguistic background:
Dr. Vorgias identified as Greek and stated that his native language is English.

Activities of Daily Living:
Dr. Vorgias denied any problems with his basic or instrumental activities of daily living.

BEHAVIORAL OBSERVATIONS
Dr. Vorgias is a 44-year-old male who appeared to be of the stated age. He was appropriately groomed and casually dressed on the day of testing. Routine gait, body and facial features are grossly within normal limits. He ambulated to the testing room adequately and without assistance. There were no observed ticks or dyskinesias. He stayed in a hotel nearby the clinic; however, he arrived at his appointment approximately 15 minutes late. He did not wear any corrective lens. Upon introduction, he reciprocated interactions with the examiner and made adequate eye contact. Speech was pressured and at times, circumstantial. There were also neologisms present (i.e., "fit hit the shan"). He cursed often, although he later apologized for doing so. He reported his mood to be "okay." Affectively, he appeared mildly anxious. Testing took place over the course of one visit to this clinic. He denied experiencing excessive fatigue or pain. Testing was conducted while the patient was on his usual medication regimen (i.e., twice daily methylphenidate). During testing, Dr. Vorgias reported that he understood test instructions. He appeared to be engaged and attending to the test material.

TEST RESULTS
Please refer to the Appendix for the scores. For consistency purposes, a uniform system of qualitive descriptors has been applied (see appendix for ranges). Qualitative observations and percentiles are included as appropriate. Results from the tests are reported in comparison to other adults Dr.Vorgias's age and, where available, to his level of education as a range of functioning and as standardized scores.

DISCUSSION
Validity
Effort was assessed using embedded indicators of test effort (LM II Recognition, VRII Recognition, RDS). His performance fell within the range considered as valid on the

measures of test effort. Therefore, the results of the testing can be considered a reliable estimate of his current neuropsychological functioning.

Estimated Premorbid Functioning
Dr. Vorgias's premorbid functioning was estimated using a measure of irregular word reading (TOPF). He tested in the superior range (87th percentile).

General Intellectual Functioning
Dr. Vorgias underwent a comprehensive assessment of his intellectual functioning (WAIS-IV). His performance varied significantly across the domains assessed such that his intellectual functioning is not best represented by a unitary factor. He showed personal strength on tests of verbal reasoning (VCI=98th percentile) and was weaker, although within normal limits, on tests of processing speed (PSI=70th percentile). Dr. Vorgias's performance on this battery of tests and others is discussed further below.

Language Functions:
Confrontation naming fell in the average range, 48th percentile (BNT). Likewise, phonemic or letter fluency fell in the average range, 34th percentile (FAS) and semantic or categorical fluency fell in the high average range, 79th percentile (AN).

Dr. Vorgias's performance on measures of verbal reasoning fell generally in the very superior range (98th percentile). More specifically, he was in the superior range, 95th percentile on a measure in which he was to use prior knowledge to answer questions about everyday situations and cultural norms (WAIS- Information). Dr. Vorgias performed in the superior range, 84th percentile when he was to identify how two words were related (WAIS-Similarities). Lastly, he performed in the very superior range, 99.6 percentile when he was to define words (WAIS- Vocabulary).

Attention/concentration, Processing Speed, and Working Memory:
Dr. Vorgias's performance on measures of processing speed tested generally within the average to above average range. This encompasses tasks that require quickly and automatically copying, scanning, and/or comparing both meaningful and non-meaningful stimuli. Auditory processing speed and mental summation tested in the average range, 64th percentile for the first rate and, likewise, at the average range, 64th percentile for the second, faster rate (PASAT). Sequential processing of unidimensional automatized information was in the superior range, 88th percentile (TMT A). He tested at the average range, 50th percentile on a graphic symbol-substitution task (WAIS- Symbol Search). Likewise, he fell at the superior range, 84th percentile when he was to rapidly indicate the correct code that corresponds to a particular number (WAIS-Coding).

Dr. Vorgias' performance varied on tasks of working memory. This term refers to the ability to hold information or instructions in mind in order to use them or manipulate them in some manner. He tested at the average range, 50th percentile when he was to repeat an orally presented series of numbers and fell at the very superior range, 98th percentile when he was to reverse the order of numbers he heard and at the average range, 63rd percentile when he was to seriate them (WAIS-Digit Span). Lastly, he tested at the superior range, 91st percentile on a measure of mental manipulation and numerical reasoning (WAIS-Arithmetic).

He was also administered a measure of visual sustained attention (CPT-3). His performance on this measure fell generally within expectation for age on measures of both accuracy and reaction time.

Lastly, Dr. Vorgias was administered a self-report questionnaire of symptoms of inattention and overactivity (CAARS-S:L). His response style was considered valid. He did not obtain any significant elevations on this measure.

Executive Control:
Executive control encompasses the ability to self-regulate, maintain sets, selectively inhibit responses, solve problems, be cognitively flexible, plan, and organize.

He performed in the average range, 27th percentile on a measure of set shifting in which he was to alternate between a pattern of numbers and letters (Trail Making Part B).

Rapid word reading tested at the average range, 50th percentile and rapid color naming tested at the average range, 58th percentile. Dr. Vorgias tested in the average range, 66th percentile on a measure of response inhibition, selective attention, and cognitive flexibility in which he was to inhibit a prepotent response and provide the alternative response (Stroop).

Dr. Vorgias was also administered a measure of spatial planning, inhibition of impulsive responding, and rule learning in which he was to problem-solve using beads on a peg board (TOL-DX). His performance on this suggested superior-range accuracy and move efficiency (86th and 88th percentile, respectively). He was also able to adhere to the rule set. Lastly, his ability to initiate his response fell in the high average range, 79th percentile for his age.

He was administered a measure of his ability to think flexibly without making excessive errors in the face of changing schedules of reinforcement (WCST). He achieved six of the six possible categories. This included intact initial learning and ability to adhere to a successful response set.

Lastly, he performed in the superior range, 95th percentile, on a measure of basic safety judgment (NAB-JDG).

Visuoperceptual, Visuospatial, and Visuoconstructional:
He generally performed within to above normal limits on measures of nonverbal reasoning skills; such skills involve little or no language demands (PRI). This included average range (63rd percentile) performance on a task of visuoconstructive ability (WAIS-Block Design). He fell at the average range, 50th percentile when he was to reconstruct pieces to form puzzle (WAIS- Visual Puzzles). Lastly, he tested at the very superior range, 99.6 percentile on a task of novel problem solving and spatial ability in which he was to complete a matrix or series (WAIS-Matrix Reasoning).

Dr. Vorgias's performance was within normal limits on a measure of conceptual/gestalt organization by graphic (drawing) constructional development (RCFT Copy).

Memory and Learning
Dr. Vorgias's performance on measures of verbal learning and memory was somewhat variable. Immediate free recall of structured, orally-presented paragraphed information was

in the superior range, 95th percentile (WMS-IV Logical Memory). He was able to recall what he initially learned well over a 20-30 minute delay (91st percentile). Additionally, he was administered a measure of his ability to acquire a supraspan list of words given multiple learning trials and, on this measure, performance was more variable (CVLT-3). His initial attention to the list was in the 50th percentile, average range for his age. His performance on subsequent learning trials remained in this average range (6-8-11-11-13). He did not evidence significant retroactive or proactive interference. However, his ability to recall this information after a 20-minute delay fell at the 37th percentile. His performance, when provided recognition cueing, fell to the below average range, 9th percentile and suggests some difficulty with response discriminability.

New-learning/encoding and subsequent recall/memory of visual-spatial information was first assessed via a task that involved copying, and then later recalling, a complex geometric design (RCFT). His ability to immediately recall the figure fell in the 62nd percentile, average range. He again fell in the average range when he was asked to recall this information after a long delay (i.e., 30minutes), where he fell at the 50th percentile. His performance when provided structured (recognition) cueing fell at the 98th percentile. Another measure of visual learning and memory was administered that involved Dr. Vorgias viewing a series of designs and then copying the design from memory (WMS VR). He was able to recall this information to within the 95th percentile when asked immediately for this. His long-term declarative recall fell at the 50th percentile. He performed in the high average range (>75th percentile) when provided with recognition-oriented cueing.

Academic Functions:
Dr. Vorgias was administered a comprehensive measure of academic achievement (WJ-III).

He tested at the high average range, 77th percentile for his age on a measure of his word-identification ability. He tested at the average range, 47th percentile on a measure of his speed of reading.

He tested at the average range, 73rd percentile on a measure of his ability to follow orally-presented, multiple-step instruction.

He tested at the average range, 73rd percentile on a measure of his ability to perform various mathematics computations. He tested at the high average range, 75th percentile on a measure of his ability to perform simple mathematics, quickly. His ability to solve applied, mathematic computations tested at the superior range, 90th percentile.

He tested at the average range, 70th percentile on a measure of his ability to write orally-presented words, accurately. He tested at the superior range, 92nd percentile on a measure of his ability to formulate sentences, rapidly. He tested at the superior range, 84th percentile on a measure of his ability to comprehend what he reads. He tested at the superior range, 96th percentile on a measure of his ability to formulate sentences with a verbal and picture cue.

Sensorimotor/Praxis:
Fine motor dexterity tested in the average range, 54th percentile for the dominant hand (right hand) and at the average range, 69th percentile for the nondominant hand (GPT).

Emotional, Social, Behavioral Functioning:

An assessment of emotional functioning was obtained through a combination of clinical interview and self-report questionnaires. Dr. Vorgias was administered a comprehensive, self-report measure of psychiatric symptoms and personality (MCMI-IV). Validity indicators of his profile were indicative of a tendency to portray himself in an overly favorable light (Scale Y=BR85). Given this pattern, his response set may not be an accurate reflection of his current psychiatric state. His Personality Pattern profile is suggestive of a strong desire to pursue challenging endeavors and that, when feelings of inefficacy result, this is generally suppressed. Individuals with similar profiles tend to have high energy, which can become, at times, constraining to others. If faced with rejection, these individuals' tendency towards exuberance may trend toward edgy irritability. Individuals with similar profiles also tend to experience difficulty examining their own role in distressing situations, which may also lead to challenges with limit setting. High-Point Code: 4B – 4A– 6B. Analysis of Clinical Syndrome scale elevations is indicative of generalized anxiety, characterized by endorsement of feeling tense and agitated, , ill-at-ease, as well as physiological symptoms of such (muscular pain, headache, unexplained perspiration).

SUMMARY AND CONCLUSIONS

Demetrios Vorgias is a 44-year-old, right-handed, Greek male resident physician referred by Washington Physician Health Program's Dr. Moss and primary care physician, Dr. Charles Bulfinch given ongoing concerns regarding his attentional and interpersonal functioning, and how that may be impacting him, vocationally. His medical history is significant for Attention-Deficit/Hyperactivity Disorder, Combined presentation managed with methylphenidate. He reported having taken his typical dosage of the methylphenidate over the course of this evaluation.

Findings from today's evaluation suggest strength in his verbal reasoning ability (VCI=98th percentile, superior range). He also evidenced strength above average performance on measures of his ability to learn and remember highly structured information (story vs list), visual memory and learning, writing, as well as problem-solving. In contrast, his performance was relatively weaker (i.e., average range) on aspects of attentional functioning (processing speed, working memory, alternating attention, response inhibition), visual reasoning, list learning, reading (fluency and comprehension), mathematics (fluency and calculation), and fine motor dexterity. Relative weakness in attentional control is likely a function of his attentional disorder. However, in the remaining cognitive domains, his average-range performance while, not a deficit per se, is likely representative of relative weakness in these areas. This may be particularly salient in his very cognitively-demanding position where otherwise, these mild personal weaknesses would not be as pronounced. These deficits, however, do not satisfy criteria for a cognitive disorder. Evaluation of his psychosocial functioning was somewhat hampered by his reduced willingness to disclose information on self-report questionnaire both of attentional concerns (where his responses included a denial of any problems with this) as well as other aspects of his psychiatric functioning. This is, however, not unusual in the context of this type of evaluation. Of additional salience, there was endorsement of symptoms indicative of significant anxiety alongside characterological tendencies toward excitability and turbulence.

ICD-10 Diagnostic Impression:

F41.1 Generalized Anxiety Disorder
F90.2 Attention-Deficit/Hyperactivity Disorder, Combined Presentation (per history)

The following recommendations may be of some benefit to Dr. Vorgias:

IMPLICATIONS/RECOMMENDATIONS

1. Findings from psychosocial assessment suggest that Cognitive Behavior Therapy is warranted, including cognitive restructuring to manage anxiety, enhance interpersonal sensitivity, and to learn ways to avoid being rebuffed and misunderstood. It is recommended that he be afforded time to attend this once, weekly therapy.
2. Additional supervision during his residency is also recommended to address the concerns regarding relative weakness in the domains of attention and executive control.
3. With respect to attentional concerns, I have included some recommendations below that he may find helpful. He may also find it helpful to work with a cognitive speech therapist to help with implementation of these strategies.
    a. Use of the Situation-Behavior-Impact and Assessment (SBIA) Model can be helpful in effective communication. Additional information about this model can be found here: https://www.ccl.org/articles/leading-effectively-articles/hr-pipeline-a-quick-win-to-improve-your-talent-development-process/.
    b. A self-monitoring checklist can assist in keeping the patient on task. This would include goal setting, using the S.M.A.R.T. goal format: http://www.hr.virginia.edu/uploads/documents/media/Writing_SMART_Goals.pdf)
    c. Scheduling in time to engage in physical activity outside of work can also help manage both anxiety and inattention.
    d. To support planning and prioritization, using Post-It notes to write down the tasks to do and rearrange the notes until the order appears accurate. Using a visual aid like this can be helpful in bringing the patient's awareness to the upcoming tasks and ways in which they should be performed. For longer-term projects, use of Gantt charts can aid in the planning process. A planning template is also available here: www.guilford.com/dawson7-forms
    e. To address time management, use of the ABC Method (Alan Lakein) may be also be of help. In this approach, the patient is to assign a priority status of "A," "B," or "C" which is as follows:

"A" Status Items – "Must Do"	High priority, very important, critical items, with close deadlines or high level of importance to them.
"B" Status Items – "Should Do"	Medium priority, quite important over time, not as critical as "A" items, but still important to spend time doing.
"C" Status Items – "Nice to Do"	Low priority at this time, low consequences if left undone at this moment.

    f. Other strategies for time management can be found here: https://success.oregonstate.edu/learning/manage-my-time

4. Further follow-up with a psychiatric provider is warranted given both his prominent anxiety and ADHD-C.

Thank you for allowing me to participate in the care of this patient and please do not hesitate to contact me if I can be of any further assistance.

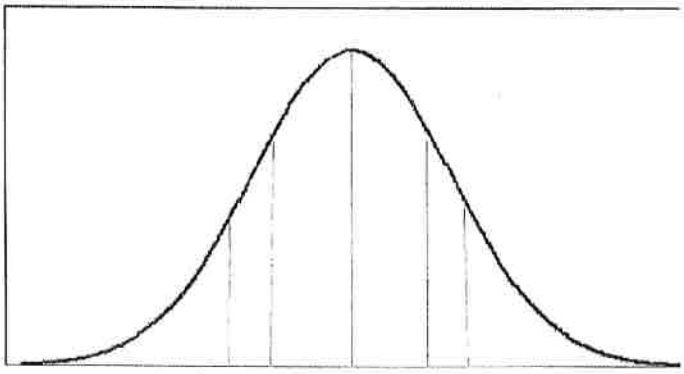
Psy.D.

Kelly Cornett, PsyD, CBIS
Evaluating Neuropsychologist

CC List: Charles Bulfinch, DO; Laura Moss, MD
Time Spent: A total of 11 hours was spent in evaluation of this patient. 5 hours were spent in clinical interview, interpretation of results, review of medical records, report feedback, and report generation by Dr. Cornett. 6 hours were spent in the administration of tests by psychometrician, Kate Donaldson and neuropsychologist, Dr. Cornett.
Informed Consent: The potential risks and benefits, limits of confidentiality, and test procedures were discussed with the patient and the patient agreed to the evaluation.

Appendix: Test Scores

Key to scores: Standard and I.Q. Scores --- average is 100, ranging from 85 to 15
T-Scores --- average is 50, ranging from 40 to 60
Scaled Score --- average is 10, ranging from 7 to 13
Percentile Ratings --- average is 50th, ranging from 16th to 84th



Standard Vorgias IQ Scores:	70	85	100	115	130		
T-Scores	30	40	50	60	70		
Scaled Scores	4	7	10	13	16		
Percentile (%ile) Ratings:	2nd	16th	50th	84th	98th		
Qualitative Descriptions:	Extremely Low	Below Average	Low Average	Average	High Average	Superior	Very Superior

ACS:			
Measure	*Standard Score*	*Percentile Rank*	*Qualitative Descriptor*

Test of Premorbid Functioning			
Total Correct	117	87	Superior
Predicted Score	120	91	Superior

BNT:			
Measure	*Z-Score*	*Percentile*	*Qualitative Descriptor*
Total Correct	-0.26	48	Average

CAARS:	Self-Report	
Measure	*T-Score*	*Percentile*
Inattention/Memory Problems	49	46
Hyperactivity/Restlessness	55	69
Impulsivity/Emotional Lability	45	31
Problems with Self-Concept	50	50
DSM-IV Inattention Symptoms	53	62
DSM-IV Hyperactivity-Impulsive Symptoms	62	88
DSM-IV ADHD Symptoms Total	64	92
ADHD Index	52	62

COWAT:			
Measure	*T Score*	*Percentile Rank*	*Qualitative Descriptor*
FAS:	46	34	Average
Animals	58	79	High Average

CPT 3:		
Measure	*T Score*	*Conners' Guideline*
Detectability	45	Average
Omissions	45	Average
Commissions	50	Average
Perseverations	45	Average
Hit Reaction Time	50	Average
HRT SD	46	Average
Variability	41	Low
HRT Block Change	52	Average
HRT ISI Change	52	Average

CVLT-3:			
Measure	*Scaled Score*	*Percentile Rank*	*Qualitative Descriptor*

Trial 1	10	50	Average
Trial 5	10	50	Average
Trials 1-5 (Index-Score)	98	45	Average
Trial B	10	50	Average
Short Delay Free Recall	9	37	Average
Short Delay Cued Recall	10	50	Average
Long Delay Free Recall	9	37	Average
Long Delay Cued Recall	9	37	Average
Delayed Recognition Total Hits	6	9	Below Average

Grooved Pegboard:			
Hand	*T Score*	*Percentile Rank*	*Qualitative Descriptor*
Dominant (Right)	51	54	Average
Non-dominant (Left)	55	69	Average

NAB:			
Measure	*T Score*	*Percentile Rank*	*Qualitative Descriptor*
Judgment			
Total Score	67	95	Superior

PASAT:			
Measure:	*Z Score*	*Percentile Rank*	*Qualitative Descriptor*
Rate #1 (3")	0.37	64	Average
Rate #2 (2")	0.35	64	Average

RCFT:			
Measure	*T Score*	*Percentile Rank*	*Qualitative Descriptor*
Copy	--	>16	Within Normal Limits
Immediate	53	62	Average
Delayed	50	50	Average
Recognition	70	98	Very Superior

Stroop:			
Measure	*T-Score*	*Percentile Rank*	*Qualitative Description*
Word Page	50	50	Average
Color Page	52	58	Average
Color/Word Page	54	66	Average

TOL-DX:

Measure	*Standard Score*	*Percentile Rank*	*Qualitative Descriptor*
Total Move Score	116	86	Superior
Total Correct Score	118	88	Superior
Total Rule Violation Score	104	61	Average
Total Time Violation Score	108	70	Average
Total Initiation Time	112	79	High Average
Total Problem-Solving Time	108	70	Average

TMT:			
Measure	*T Score*	*Percentile Rank*	*Qualitative Descriptor*
Trail A	62	88	Superior
Trail B	44	27	Average

WAIS-IV:			
Scale	*Composite Score*	*Percentile Rank*	*Qualitative Description*
Verbal Comprehension (VCI)	132	98	Very Superior
Perceptual Reasoning (PRI)	115	84	Superior
Working Memory (WMI)	122	93	Superior
Processing Speed (PSI)	108	70	Average
Full Scale (FSIQ)	125	95	Superior
General Ability (GAI)	126	96	Superior
Subtest	*Scaled Scores*	*Percentile Rank*	*Qualitative Description*
Verbal Comprehension			
Similarities	13	84	Superior
Vocabulary	18	99.6	Very Superior
Information	15	95	Superior
Perceptual Reasoning			
Block Design	11	63	Average
Matrix Reasoning	17	99	Very Superior
Visual Puzzles	10	50	Average
Working Memory			
Digit Span	14	91	Superior
Arithmetic	14	91	Superior
Processing Speed			
Symbol Search	10	50	Average
Coding	13	84	Superior
Working Memory Process Score Summary			
Measure	*Scaled Score*	*Percentile Rank*	*Qualitative Description*

Digit Span Forward	10	50	Average
Digit Span Backward	16	98	Very Superior
Digit Span Sequencing	11	63	Average

WMS-IV:			
Measure	*Scaled Score*	*Percentile Rank/Cumulative Percentage*	*Qualitative Descriptor*
Logical Memory I	15	95	Superior
Logical Memory II	14	91	Superior
Visual Reproduction I	15	95	Superior
Visual Reproduction II	10	50	Average
Logical Memory Recognition (Cumulative Percentage)	--	>75	High Average
Visual Reproduction Recognition (Cumulative Percentage)	--	>75	High Average

WCST:		
Measure	*T Score*	*Percentile Score*
Total Errors	48	42
Perseverative Responses	49	45
Perseverative Errors	49	45
Non perseverative Errors	47	37
Conceptual Level Responses	49	47
Categories Completed (raw)	6	>16

WJ-III:		
Measure	*Standard Score*	*Percentile Rank*
Brief Achievement	115	84
Broad Reading	111	77
Broad Math	117	87
Broad Written Language	120	91
Brief Reading	115	84
Brief Math	119	90
Math Calculation Skills	112	79
Brief Writing	117	87
Written Expression	128	97
Academic Skills	113	81
Academic Fluency	110	75
Academic Apps	128	97
Letter-Word Identification	111	77

Reading Fluency	99	47
Understanding Directions	109	73
Calculation	109	73
Math Fluency	110	75
Spelling	108	70
Writing Fluency	121	92
Passage Comprehension	115	84
Applied Problems	119	90
Writing Samples	126	96